

Editor's note

Strategies for the prevention of non-communicable diseases (NCDs) continue to dominate the debate and pleas for action in the health and nutrition domains as they impact adversely on healthcare costs, healthcare delivery, and, globally, are the leading cause of death (70%) with the majority of these deaths occurring in low- and middle-income countries. In this regard, NCDs have been included in the Sustainable Development Goals 2015 agenda of the United Nations with a goal to reduce by one third the NCDs-related premature mortality which could be achieved by targeting modifiable risk factors (alcohol and tobacco use) and the implementation of universal health coverage by 2030. Furthermore, projections from the USA, for instance, indicate that the annual total (direct and indirect) costs of CVD and stroke were estimated at \$316.1 billion in the 2012 to 2013 period, excluding the cost of home nursing care (\$80 billion); if the latter direct cost were to be included, the total direct medical costs of CVD are projected to increase from \$396 billion in 2012 to \$918 billion in 2030. Against this background, it is encouraging that the WHO Global report on the national capacity for the prevention of NCDs would appear to indicate some progress, albeit slow, in recognising the immensity of the task. The report also identifies the urgent need for improved infrastructure and staffing as well as policies and plans.¹⁻³

More recently and in view of the slow progress achieved to date, the WHO convened an Independent High Level Commission to advise on how progress can be accelerated.⁴ The report states that “the challenge is not only to gain political support, but also to guarantee implementation, whether through legislation, norms and standards setting, or investment”. Despite the known and proven preventive interventions in reducing the adverse impact of NCDs, the

report identifies the main difficulties in accelerating progress as follows:

- “Lack of political will, commitment, capacity, and action
- Lack of policies and plans for NCDs
- Difficulty in priority-setting
- Impact of economic, commercial, and market factors
- Insufficient technical and operational capacity
- Insufficient (domestic and international) financing to
- scale up national NCD responses; and
- Lack of accountability”

Among its wide ranging recommendations, the report also recommends, in terms of accountability, that a “harmonised count down 2030 for NCDs” is developed, which is not dissimilar in aim to that for maternal, newborn and child survival.

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References

1. United Nations Summit on Sustainable Development 2015. Informal summary: 25-27 September 2015. United Nations Headquarters, New York. <https://sustainabledevelopment.un.org/content/documents/85211Informal%20Summary%20-%20UN%20Summit%20on%20Sustainable%20Development%202015.pdf>
2. Heart Disease and Stroke Statistics—2017 Update: A Report From the American Heart Association. *Circulation*. 2017;135:e146–e603. DOI: 10.1161/CIR.0000000000000485
3. WHO. Assessing national capacity for the prevention and control of noncommunicable diseases: Global Repot 2015. WHO 2016. Geneva, Switzerland. <http://apps.who.int/iris/bitstream/handle/10665/246223/9789241565363-eng.pdf?jsessionid=1E673873A4E56B34DCAF864D3A13A8E5?sequence=1>
4. WHO. Independent High-level Commission on Noncommunicable Diseases. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. <http://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf?ua=1>